

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

24127

1. PLACE OF DEATH

County Randolph  
Township Marion  
City High (No. ....)

Registration District No. 732  
Primary Registration District No. 4437

File No. ....  
Registered No. 11  
St. .... Ward

2. FULL NAME

(a) Residence, No. .... St. .... Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucette Phillips

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 13 - 1850

7. AGE YEARS 83 MONTHS 3 DAYS 19 If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deer Creek Mo

13. NAME Deer Creek

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deer Creek Mo

15. MAIDEN NAME Deer Creek

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deer Creek Mo

17. INFORMANT W. J. Phillips (ADDRESS) High

18. BURIAL, CREMATION, OR REMOVAL PLACE High DATE July 3 1933

19. UNDERTAKER L. H. Freeman (ADDRESS) High

20. FILED July 3 1933 C. A. Bushalter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2nd 1933

22. I HEREBY CERTIFY, that I attended deceased from April 9 1933 to July 1 1933

I last saw him live on July 1 1933 Death is said

to have occurred on the date stated above, at 5:0 a.m.

The principal cause of death and related causes of importance were as follows:

Cystitis acute Date of onset 1935

Other contributory causes of importance:

Name of operation none Date of none

What test confirmed diagnosis? none Was there an autopsy? none

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. J. Phillips M. D.

(Address) High Mo.

[illegible]

**Figure 1**